

**APPLICATION FOR
VOLUNTEER STUDENT INTERNSHIP**

Student Name: _____

Address: _____

Telephone Number: _____ Email: _____

U.S. Citizen: _____ Yes _____ No **(Note: Interns must be U.S. citizens.)**

Social Security Number: _____ - _____ - _____

University/College: _____

Course - - Major: _____ Minor: _____

Type of Degree: _____

Years/Semesters/Credits Completed: _____

Grade Point Average: _____

Number of credits you will receive by doing Internship, if applicable: _____

Days of week & times you would be available to work: _____

Period available to work: Start _____ End _____

University official (teacher, faculty advisor, school administrator, etc.) responsible for approving/coordinating internship:

Name: _____

Title: _____

Telephone Number: _____ Fax Number: _____

E-mail address: _____

EOD CHECKLIST FOR STUDENT VOLUNTEERS
(Must be submitted to HRD, PRIOR to entering on duty)

Appointments from 0 - 180 days:

- ☐ SF-52, "Request for Personnel Action", (ITA - SF-50B, "Notification of Personnel Action"). Include work schedule: beginning/ending dates; days/hours of week.
- ☐ SF-171 or OF-612 "Federal Application", or Resume.
- ☐ "Student Volunteer Agreement" signed by Agency/Educational Institution/Volunteer.
- ☐ "Waiver of Compensation".
- ☐ "Security Worksheet for Non-employees".

Appointments from 180-365 days:

- ☐ SF-52, "Request for Personnel Action", (ITA - SF-50B, "Notification of Personnel Action"). Include work schedule: beginning/ending dates; days/hours of week.
- ☐ SF-171 or OF-612 "Federal Application", or Resume.
- ☐ "Student Volunteer Agreement" signed by Agency/Educational Institution/Volunteer.
- ☐ "Waiver of Compensation".
- ☐ "Security worksheet for Non-employees".
- ☐ SF-86C, "Special Agreement Checks (SAC)".
- ☐ 2 sets of fingerprint charts (Form SF-87).

Appointments over one year:

- ☐ SF-52, "Request for Personnel Action", (ITA - SF-50B, "Notification of Personnel Action"). Include work schedule: beginning/ending dates; days/hours of week.
- ☐ SF-171 or OF-612 "Federal Application", or Resume.
- ☐ OF-306, "Declaration for Federal Employment".
- ☐ "Student Volunteer Agreement" signed by Agency/Educational Institution/Volunteer.
- ☐ "Waiver of Compensation".
- ☐ "Security Worksheet for Non-employees".
- ☐ SF-85, "Questionnaire for Non-Sensitive Positions".
- ☐ 2 sets of fingerprint charts (Form SF-87).

STUDENT INTERN VOLUNTEER SERVICE AGREEMENT

The Civil Service Act of 1978 authorizes Federal departments and agencies to accept volunteer service from certain students. The Department of Commerce requires that terms of the volunteer service be agreed upon in writing by appropriate officials of the participating operating unit of the Department and the participating educational institution and by the student.

This agreement is between the (office name here) U.S. Export Assistance Center,
hereinafter called the agency, and _____,
hereinafter called the school.

Name of student volunteer: _____

Expected period of volunteer service: _____

Terms of Agreement:

1. The student is enrolled at least half-time at an accredited school, is recommended by the school, and is acceptable to the agency.
2. The student is nominated and selected without regard to considerations of race, color, national origin, religion, sex, marital status, handicapping condition, or any other non-merit factor.
3. The student's service is to be uncompensated and will not be used to displace any employee or to staff a position that is a normal part of the agency's work force.
4. The School will notify the agency if the student terminates his/her enrollment at the school during the period of volunteer service or if the student will have more than five months between school years.
5. The student is not considered a Federal employee for any purposes other than injury compensation and laws related to the Tort Claims Act.
6. The student does not earn annual or sick leave and is not entitled to retirement, health benefits, travel compensation, subsistence allowance, quarters, and any other reimbursement or payment in kind from the Federal government.

7. Nature of the volunteer assignment: Student intern work assignments shall be in the public interest and, to the maximum extent possible, provide an appropriate educational experience for the student consistent with their course studies. Student interns will be directly involved in a host of duties that may range from administrative tasks to preparing market research for firms engaged in international trade. Interns will have the opportunity to work on special projects under the supervision of an experienced trade specialist or the director.
8. The agency will establish an Official Personnel folder for the student and will include Notice of Personnel Action and other documentation of the work assignment as specified by the U.S. Office of Personnel Management (See the Federal Personnel Manual, Chapter 308, Subchapter 8-6).
9. The agency will provide evaluation or reports of the student's performance to the school as requested, subject to regulations governing (a) the protection of privacy in personnel records, and (b) the availability and disclosure of official information.
10. The school or the agency may terminate the agreement prior to the planned ending date of the volunteer assignment upon written notice to the other party.

Signature of School Official _____

Title _____

Date _____

Signature of Agency Official _____

Title _____

Date _____

U.S. Department of Commerce
The Commercial Service



U.S. DEPARTMENT OF COMMERCE

U.S. COMMERCIAL SERVICE

WAIVER OF COMPENSATION

I, the undersigned, having made an offer of my services to the Government of the United States of America as a STUDENT INTERN, on a voluntary basis and without compensation thereof and in consideration of the acceptance of said offer, do hereby for myself, my heirs, and assignees forever discharge and release the Government of the United States from any claims, suits, or demands which I or my heirs or assignees may, can, or shall have in connection with compensation for any volunteer services for the Government of the United States.

As a student volunteer, I agree that:

I waive all claims for compensation from the Government of the United States for any service performed;

I accept accountability for loss or damage to the government property caused by negligence or willful action;

My activities on the premises will at all times conform to the standards of conduct of the appointing office in which I shall work.

Signature of Student Volunteer _____

Printed Name of Student Volunteer _____

Date _____

Witness

Date _____

DATE:

MEMO For: Western Region Security Office

FROM:

SUBJECT: Security Coversheet for Non-Employees

Attached please find a PIV Request, background investigation form (if required*), and associated documents for the following individual:

NAME	
SSN	
VISA/Alien Registration No. (Circle One)	
DATE OF BIRTH	
PLACE OF BIRTH	
CITIZENSHIP	
POSITION TITLE	
POSITION SENSITIVITY**	
BUREAU/LINE OFFICE	
ORGANIZATION CODE	
DUTY STATION	
START DATE	
END DATE	
ACCOUNTING CODE	
PREVIOUS DOC ASSIGNMENT	
PREVIOUS DOC WORK DATES	

*Background investigation forms are required if Non-Employee will require a PIV card and/or key card for over 180 days and does not have a NACI or higher investigation on file.

**Please complete a Position Sensitivity Checklist to determine the correct position sensitivity, and submit with background investigation forms.

As of 11/14/05

GUEST WORKER AGREEMENT

The United States Department of Commerce, _____, hereafter called the Host Agency, accepts _____ as a Guest Worker and will make available the facilities and provide the services described in the CONDITIONS/WORK PLAN Section of this Agreement. Either the Host Agency or the Guest Worker may terminate the Agreement at any time.

Signature of Host Agency Approving Official

Date

Signature of Host Agency Personnel Officer

Date

Date Agreement is Effective

Date Agreement Expires

The Guest Worker understands and agrees that:

- a. He/she may not perform functions of the Department.
- b. Any publication(s) resulting from his/her work in the Department of Commerce will respect the Department's obligations for confidential treatment of sensitive or proprietary information or of other information not available to the public.
- c. He/she waives any and all claims for compensation from the Government of the United States for any services performed. (Not applicable to U.S. Government employees.)
- d. He/she releases the Government of the United States from any and all liability for personal injury, death, or property damage or loss sustained in connection with his/her role as a Guest Worker.
- e. He/she accepts accountability for loss or damage to Government property occasioned by his/her negligence or willful action.
- f. His/her activities on the premises of the Host Agency or elsewhere in the Department of Commerce will conform to the administrative instructions and requirements of the Host Agency and the Department.
- g. The rights in any invention resulting from his/her work in the Department shall be determined by the provisions of Executive Order 10096, as amended. A preliminary determination of rights in the invention will be made by the Host Agency. When the Guest Worker is an employee of another Government agency, the determination will be forwarded to that agency for concurrence.

Exception:

Signature of Guest Worker

Date

NAME OF GUEST WORKER		CITIZEN OF	SOCIAL SECURITY NUMBER
ASSIGNED TO (OFFICE AND DIVISION)		HOST AGENCY SUPERVISOR	
OUTSIDE SPONSOR (NAME, ORGANIZATION, ADDRESS)		PRESENT EMPLOYER AND POSITION TITLE	
SECURITY ASSURANCE		DATE REQUESTED	
<input type="checkbox"/> REQUIRED <input type="checkbox"/> NOT REQUIRED		DATE APPROVED	

CONDITIONS/WORK PLAN


1. Project(s) on which the Guest Worker will work; scope, and expected duration:

2. Host agency facilities available to the Guest Worker:


3. Frequency/Schedule of attendance:

4. Degree of supervision Host Agency will provide:

5. Other assistance or service Host Agency will provide:

APPROVAL OF WORK PLAN OF FOREIGN GUEST WORKER 	PRESENT EMPLOYER AND POSITION TITLE	DATE
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HOST AGENCY TO COMPLETE THIS SECTION ON ARRIVAL OF GUEST WORKER

ARRIVAL DATE		EXPECTED DEPARTURE DATE	
ASSIGNED LOCATION 	BUILDING AND ROOM NUMBER	TELEPHONE	
LOCAL ADDRESS OF GUEST WORKER			TELEPHONE

The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with the request for information solicited on this form. The authority for the collection of this data is 5 U.S.C. 301. Furnishing the information requested is voluntary. Its purpose is to establish and maintain an emergency locator file. Failure to provide the information could result in your not being located in an emergency situation.

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office *(Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)*

1. Actions Requested	2. Request Number
3. For Additional Information Call <i>(Name and Telephone Number)</i>	4. Proposed Effective Date
5. Action Requested By <i>(Typed Name, Title, Signature, and Request Date)</i>	6. Action Authorized by <i>(Typed Name, Title, Signature, and Concurrence Date)</i>

PART B - For Preparation of SF 50 *(Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)*

1. Name <i>(Last, First, Middle)</i>	2. Social Security Number	3. Date of Birth	4. Effective Date
FIRST ACTION		SECOND ACTION	
5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number					15. TO: Position Title and Number						
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay			20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay		
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization						

EMPLOYEE DATA

23. Veterans Preference 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%	24. Tenure 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite	25. Agency Use	26. Veterans Pref for RIF YES NO
27. FEGLI	28. Annuitant Indicator	29. Pay Rate Determinant	
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule	33. Part-Time Hours Per Biweekly Pay Period

POSITION DATA

34. Position Occupied 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career	35. FLSA Category E - Exempt N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code	39. Duty Station <i>(City - County - State or Overseas Location)</i>		

40. Agency Data	41.	42.	43.	44.		
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship 1 - USA 8 - Other	50. Veterans Status	51. Supervisory Status

PART C - Reviews and Approvals *(Not to be used by requesting office.)*

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		
2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.			Signature		Approval Date

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

☐ YES ☐ NO

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (<i>Number, Street, City, State, ZIP Code</i>)
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PART F - Remarks for SF 50